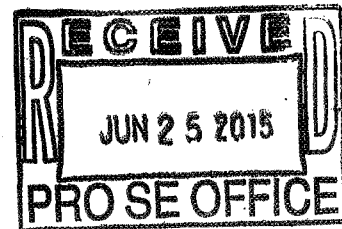


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMiguel Galarza Pagan

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

OFFICERS:Peter Othman #18683 DOA 11-7-07
John Smalls #9633 DOA 7.23.87**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

15CV5041

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Miguel Galarza-Pagan141-14-13393Manhattan Detention Complex125 White Street, New York, N.Y. 10022

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Shield #

Where Currently Employed

Address

Peter Othman18683ESU Search Officer (DOC)

Defendant No. 2 Name John Smalls Shield # 9633
 Where Currently Employed MDC
 Address Manhattan Detention Complex

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Manhattan Detention Complex

B. Where in the institution did the events giving rise to your claim(s) occur?

Housing unit 6 North

C. What date and approximate time did the events giving rise to your claim(s) occur?

06-01-2015 10:45 pm Approx.

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

On the 1st day of June at approx. 1045pm I was assaulted and sprayed in G north during an SAV SEARCH. Officer Peter Othman came to my cell opened my cell asked me to strip I handed him in my shirt. I gave him my pants then when I passed it to him he struck me twice in the facial area and pushed me on my bed he then continued to assault me in facial torso and legs. I was then sprayed with a chemical agent by Officer Smalls. At no time did I resist or use force.

NOTE: (The reason for this claim is because in the NYC Jail system this is what Correctional officers consider "Recreation to assault inmates")

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Left side & Right of upper facial area and Mouth region Also on the Right Leg, and Left wrist which sustained Bruising and pain. In the aftermath I am suffering from Anxiety, Lower Right back pains, and Right leg is constantly giving out on me and having constant pains

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Manhattan Detention Complex

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes N/A No N/A

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

MDC

1. Which claim(s) in this complaint did you grieve? Assault by staff.

2. What was the result, if any? None

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Superintendent, Commissioner.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any:

No Response

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

For officers suspension, Reserve the right to arise A claim against officers involved in the incident to individual capacity, and seek compensation for injuries in the amount of \$100,000.

Furthermore, The officer should be removed permanently for using there employment to fulfill their urges for "Recreation".

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No 2

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of JUNE, 2015.

Signature of Plaintiff

Miguel Galarza - Pagan

Inmate Number

141-14-13393

Institution Address

125 White street
New YORK, NY 10013
Manhattan Detention
Complex

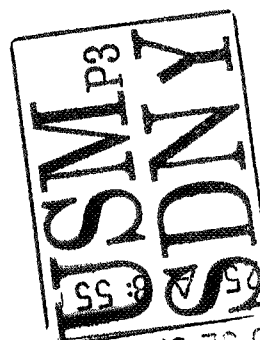
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 17 day of JUNE, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Miguel Galarza

M. GALARZA PAGAN
1411413343 -MDC.
125 WHITE ST.
N.Y.N.Y. 10013



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TO: UNITED STATES DIST. COURT
SOUTHERN DIST. OF N.Y.
DANIEL PATRICK MOYNIHAN
UNITED STATES COURTHOUSE.
500 PEARL ST. ROOM 230

NEW YORK NY 10007